



DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below under my name:

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: **DETECTION AND RECOGNITION OF OBJECTS BY MULTISPECTRAL SENSING**

described and claimed in international application number PCT/IL98/00568 filed November 20, 1998.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

Israeli Patent Application No. 12258 filed November 20, 1997

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,878; William F. Berridge, Reg. No. 30,824;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pavini, Reg. No. 30,411;
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;
Mario A. Costantino, Reg. No. 33,565; and Stephen J. Roe, Reg. No. 34,463.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19028, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	<i>Typewritten Full Name of Sole or First Inventor</i>	Yosaph KOLTUNOV		
2	<i>Inventor's Signature</i>	<i>Given Name</i>	<i>Middle Initial</i>	<i>Family Name</i>
3	<i>Date of Signature</i>	X 21/10/97		
	<i>Residence:</i>	Holon		ISRAEL
	<i>Citizenship:</i>	ISRAELI		
	<i>Post Office Address:</i>	Avivim, Street 10/20, 58267, Holon ISRAEL.		

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE (In record this page in a sole inventor application)

1 **Typewritten Full Name of Joint Inventor**
 2 **Inventor's Signature:** X Alexander 21 N 6 PN MAXIMOV
 3 **Date of Signature:** X 09 28 2000
 Residence: Jerusalem ISRAEL
 City State or Province Country
 Citizenship: ISRAELI
 Post Office Address: Hatnazim Street 17/20, 96181, Jerusalem ISRAEL
 (Insert complete mailing address, including country)

1 **Typewritten Full Name of Joint Inventor**
 2 **Inventor's Signature:** X Igor MEITIN
 3 **Date of Signature:** X Month Day Year
 Residence: Givat Shmuel ISRAEL
 City State or Province Country
 Citizenship: ISRAELI
 Post Office Address: Ben-Gurion Street 7/30, 54018 Givat, Shmuel ISRAEL
 (Insert complete mailing address, including country)

1 **Typewritten Full Name of Joint Inventor**
 2 **Inventor's Signature:** X Motti ALLON
 3 **Date of Signature:** X 10 06 2000
 Residence: Holon Ma'keret Batya ISRAEL
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 Citizenship: ISRAELI
 Post Office Address: Rabinovitch Street 44, 58072 Holon ISRAEL
 (Insert complete mailing address, including country) Givati st. 10, Ma'keret Batya, ISRAEL

1 **Typewritten Full Name of Joint Inventor**
 2 **Inventor's Signature:** X Glen GUTTMAN
 3 **Date of Signature:** X 10 4 2000
 Residence: Tel Aviv ISRAEL
 City State or Province Country
 Citizenship: ISRAELI
 Post Office Address: Sderot Chen 39, 64166 Tel Aviv ISRAEL
 (Insert complete mailing address, including country)

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 3 AND PLACE AN "X" HERE (X)

1 **Typewritten Full Name**

1	Typewritten Full Name of Joint Inventor	Alexander		MAXIMOV
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:	X		
3	Date of Signature:	X		
	Residence:	Jerusalem	Day	Year
		City	State or Province	Country
	Citizenship:	ISRAELI		
	Post Office Address: (Insert complete mailing address, including country)	Hatrassion Street 17/20, 96181, Jerusalem ISRAEL		
1	Typewritten Full Name of Joint Inventor	Issa		MERTIN
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:	X		
3	Date of Signature:	X	28	2000
	Residence:	Givat Shmuel	Day	Year
		City	State or Province	Country
	Citizenship:	ISRAELI		
	Post Office Address: (Insert complete mailing address, including country)	Ben-Gurion Street 7/30, 54018 Givat, Shmuel ISRAEL		
1	Typewritten Full Name of Joint Inventor	Motti		ALLON
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:	X		
3	Date of Signature:	X		
	Residence:	Holon	Day	Year
		City	State or Province	Country
	Citizenship:	ISRAELI		
	Post Office Address: (Insert complete mailing address, including country)	Rabinovitz Street 44, 58672 Holon ISRAEL		
1	Typewritten Full Name of Joint Inventor	Gion		GUTTMAN
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:	X		
3	Date of Signature:	X		
	Residence:	Tel Aviv	Day	Year
		City	State or Province	Country
	Citizenship:	ISRAELI		
	Post Office Address: (Insert complete mailing address, including country)	Ederet Chen 39, 64166 Tel Aviv ISRAEL		

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 3 AND PLACE AN "X" HERE (S)

1 Typewritten Full Name

<i>of Joint Inventor</i>		<u>ANK</u>		<u>KER-SHIM-BAUM</u>
2	Inventor's Signatures	<u>X</u>	<u>10</u>	<u>2000</u>
3	Date of Signatures	<u>Month</u>	<u>Day</u>	<u>Year</u>
	Residence:	<u>Ramat</u>	<u>City</u>	<u>ISRAEL</u>
	Citizenship:	<u>ISRAELI</u>	<u>State or Province</u>	<u>Country</u>
	Post Office Address: (insert complete mailing address, including country)	<u>Moshe Dayan Street 3/1, 43580 Ramatana ISRAEL</u>		
1	Typewritten Full Name of John Inventor	<u>Given Name</u>	<u>Middle Initial</u>	<u>Family Name</u>
2	Inventor's Signatures			
3	Date of Signatures	<u>Month</u>	<u>Day</u>	<u>Year</u>
	Residence:	<u>City</u>	<u>State or Province</u>	<u>Country</u>
	Citizenship:			
	Post Office Address: (insert complete mailing address, including country)			
1	Typewritten Full Name of John Inventor	<u>Given Name</u>	<u>Middle Initial</u>	<u>Family Name</u>
2	Inventor's Signatures			
3	Date of Signatures	<u>Month</u>	<u>Day</u>	<u>Year</u>
	Residence:	<u>City</u>	<u>State or Province</u>	<u>Country</u>
	Citizenship:			
	Post Office Address: (insert complete mailing address, including country)			
1	Typewritten Full Name of John Inventor	<u>Given Name</u>	<u>Middle Initial</u>	<u>Family Name</u>
2	Inventor's Signatures			
3	Date of Signatures	<u>Month</u>	<u>Day</u>	<u>Year</u>
	Residence:	<u>City</u>	<u>State or Province</u>	<u>Country</u>
	Citizenship:			
	Post Office Address: (insert complete mailing address, including country)			

Not to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first and second page of the Declaration and Power of Attorney of the application in which it pertains.

10/05 167 00 23:46 NO.791 06/08

REINHOLD COHN & PARR 972 3 7109407 191 TRAM MCTE 972 3 SEJ1540
05 OCT '00 09:25

RECEIPT FOR FILING OF PAPER

The following papers have been filed:

Assignment Transmittal w/check #118942 \$40 w/exec. Assignment; Request for
Withdrawal of Renewed Petition Under 37 C.F.R. §1.47(A) and Submission of Complete
Executed Declaration/Power of Attorney w/copy of exec. Declaration

Name of Applicant: Yoseph KOLTUNOV et al.

Serial No.: 09/530,758

Atty. File No.: 106153

Title (New Cases): DETERMINATION AND RECOGNITION OF OBJECTS BY
MULTISPECTRAL SENSING

Sender's Initials: JAO:JSA/ldg

070/15



PATENT OFFICE DATE STAMP

**COPY TO BE STAMPED BY PATENT OFFICE
AND RETURNED BY MESSENGER**

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